



Colorado Department of
Public Health and Environment

WASTEWATER OPERATOR IN RESPONSIBLE CHARGE REPORT

Select One of the Following:

1. Individual Discharge Permit #: ☐ CO00_____
2. General Permit Certification #: ☐ (begins with COG or COX) _____

If you don't have a permit or certification, please complete number 3.

If you completed numbers 1 or 2, please provide the following information:

Permit Issued to: _____

Permittee or Legal Contact Name: _____

Mailing Address: _____

Telephone Number(s): _____

E-mail: _____

3. Collection Only Facility ☐ ***If you checked number 3, please provide the following information:***

Legal name of the owner of the collection system: _____

Name of permit holder for the facility waste flows to: _____

Permit number of POTW waste ultimately flows to: _____

Population Served by the collection system: _____

Wastewater Treatment ORC

Operator ID#: _____ Legal Name: _____

Wastewater Collection ORC

Operator ID#: _____ Legal Name: _____

Permittee or Legal Contact Completing this Form:

Legal Name (please print): _____

Position: _____

Signature: _____

Date: _____

Return Form To:

Facility Operator Certification
CDPHE-WQCD
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Email: cdphe.facilityoperator@state.co.us